

**MICHIGAN DEPARTMENT OF CIVIL SERVICE  
JOB SPECIFICATION**

**MEDICAL BENEFITS REVIEWER**

**JOB DESCRIPTION**

Employees in this job perform and oversee a variety of tasks where the processing and resolution of medical benefits claims or determination of eligibility for insurance benefits is a substantial part of the work.

There are four classification levels in this job.

**Position Code Title – Medical Benefits Reviewer-E**

Medical Benefits Reviewer 5

This is the entry level. The employee performs a range of medical benefits processing assignments while learning the methods, processes, and procedures of the work.

Medical Benefits Reviewer 6

This is the intermediate level. The employee, with increased responsibility, performs a range of medical benefits processing assignments.

Medical Benefits Reviewer E7

This is the full-functioning level. The employee performs a full range of medical benefits processing assignments, using judgement in making decisions where alternatives are determined by established policies and procedures.

**Position Code Title – Medical Benefits Reviewer-A**

Medical Benefits Reviewer 8

This is the advanced level. The employee either functions as a lead worker overseeing the work of others or as a senior worker. Senior level employees consistently perform complex assignments beyond those expected at the experienced level which have been approved by Civil Service.

**NOTE:** Employees generally progress through this series to the experienced-level based on satisfactory performance and possession of the required experience.

**JOB DUTIES**

**NOTE:** The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

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Determines if requested medical services and/or supplies/equipment are covered under program guidelines.

Proofreads data for completeness and accuracy; identifies errors and omissions; codes data to make corrections; makes notations and corrections manually.

Contacts insurance carriers, health service providers, attorneys and others to locate information or documentation regarding medical claims.

Compares medical records, histories, billing documentation, and other records to instructions and guidelines to determine type and length of coverage, amount of payment or overpayment, and identification of patient's condition.

Requests documentation and verifies accuracy of information.

Assembles medical records and related documentation.

Makes preliminary determinations of recipient eligibility for health care programs.

Resolves any discrepancy and provides correct information to the party(ies).

Keeps and updates files, logs, lists, manuals, and indexes of clients or provider enrollments, claims, payments, work area guidelines, authorized treatment procedures, corresponding fees, and other records.

Operates office equipment such as copying machines, calculators, microfilm or microfiche readers, computer terminals, and video display terminals.

Calculates billings, payments, and adjustments of provider accounts; posts information to records.

Sorts, batches, sequentially orders and/or routes applications, claims, forms, and other documents for processing.

Receives, screens, and routes requests for information on medical benefits coverage and billing practices; personally answers inquiries using knowledge of program and instructions and guidelines.

Prepares necessary adjustment forms, and initiates action to pay claim or recover amount overpaid.

Types correspondence, forms, invoices, and other documents as required.

Compiles data for reports.

Performs related work as assigned.

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### **Additional Job Duties**

#### **Medical Benefits Reviewer 8 (Senior Worker)**

Regularly processes the most complex medical benefits claims.

Explains work instructions to other reviewers, adapting guidelines to the assignment as necessary.

#### **Medical Benefits Reviewer 8 (Lead Worker)**

Coordinates the work of the unit by determining priorities, scheduling and assigning work, and overseeing the completion of the work.

Assures that the work meets quality and production standards by reviewing the work for accuracy and proper completion and monitoring output.

### **JOB QUALIFICATIONS**

#### **Knowledge, Skills, and Abilities**

**NOTE:** Some knowledge in the area listed is required at the entry level, developing knowledge is necessary at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of medical terminology used on claim applications and medical records.

Knowledge of practices and procedures of health service providers such as hospitals, clinics, laboratories, pharmacies, and doctors' offices.

Knowledge of Medicaid policies and procedures.

Knowledge of general record keeping and filing systems.

Knowledge of telephone techniques.

Knowledge of general office practices.

Knowledge of correct English usage, spelling, and punctuation.

Ability to interpret medical records and histories.

Ability to interpret and apply the instructions and guidelines of the work area.

Ability to identify inaccuracies or discrepancies in factual data.

Ability to select and compile data.

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Ability to make decisions and take necessary actions.

Ability to add, subtract, multiply, and divide arithmetical figures.

Ability to locate sources of information.

Ability to use tact and diplomacy in releasing or requesting information.

Ability to perform typing services as required for the work.

Ability to communicate effectively.

Ability to maintain composure during stressful situations because of workloads and/or deadlines.

### **Additional Knowledge, Skills, and Abilities**

#### **Medical Benefits Reviewer 8 (Senior Worker)**

Ability to perform the most complex assignments.

#### **Medical Benefits Reviewer 8 (Lead Worker)**

Ability to explain instructions and guidelines to others effectively.

Ability to organize and coordinate the work of the unit.

Ability to determine work priorities and assign work to employees.

### **Working Conditions**

None.

### **Physical Requirements**

None.

### **Education**

Educational level typically acquired through completion of high school.

### **Experience**

#### **Medical Benefits Reviewer 5**

No specific type or amount of experience is required.

#### **Medical Benefits Reviewer 6**

One year of 5-level administrative support experience.

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### **Medical Benefits Reviewer E7**

Two years of administrative support experience, including one year equivalent to the Medical Benefits Reviewer 6, involving the processing medical benefits claims.

### **Medical Benefits Reviewer 8**

Three years of administrative support experience, including two years equivalent to the Medical Benefits Reviewer 6, involving the processing medical benefits claims.

### **Alternate Education and Experience**

Possession of a certificate from a Medical Assistant program may be substituted for one year of experience processing medical claims.

### **Special Requirements, Licenses, and Certifications**

None.

**NOTE:** Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

## **JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION**

### **Job Code**

MEDBENRVR

### **Job Code Description**

Medical Benefits Reviewer

### **Position Title**

Medical Benefits Reviewer-E

Medical Benefits Reviewer-A

### **Position Code**

MEDBNRVE

MEDBNRVA

### **Pay Schedule**

W41-002

W41-009